



IFW

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/780,846	
	Filing Date	2/18/2004	
	First Named Inventor	Shaun Thomas Broering	
	Art Unit	1733	
	Examiner Name		
Total Number of Pages in This Submission	4	Attorney Docket Number	9527L

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	--Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Rodney M. Young, Regn. No. 40,882	
Signature		
Date	6/10/04	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Rodney M. Young	
Signature		Date 6/10/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 C.F.R. 1.63)  
COMBINED WITH POWER OF  
ATTORNEY**

Attorney Docket No.	9527L
First Named Inventor	Shaun Thomas Broering
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	February 18, 2004
Group Art Unit	
Examiner Name	
Confirmation Number	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR MAKING FLEXIBLE ARTICLES HAVING ELASTIC-LIKE BEHAVIOR WITH VISUALLY DISTINCT REGIONS  
the specification of which

(check one) ☒ [x] is attached hereto.  
☐ [ ] was filed on \_\_\_\_\_ (MM/DD/YYYY) as United States  
Application No. or PCT International Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

I hereby appoint Practitioners at Customer Number 27752 as my/our attorneys(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to Customer Number 27752.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR:</b>			
Given Name (first and middle (if any)) SHAUN THOMAS		Family Name Or Surname BROERING	
Inventor's Signature <i>Shaun Thomas Broering</i>		Date 2/18/04	
Residence:   City FT. THOMAS	State KY	Country USA	Citizenship USA
Mailing Address: 207 S. FT. THOMAS AVE., FT. THOMAS, KY 41075			
City FT. THOMAS	State KY	Zip (or Postal Code) 41075	Country USA

**DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION**

(continued)

Attorney Docket No. 9527L

<b>NAME OF SECOND INVENTOR:</b>			
Given Name (first and middle [if any]) MATTHEW WILLIAM		Family Name Or Surname WALDRON	
Inventor's Signature <i>Matthew Waldron</i>		Date 2-18-04	
Residence:   City WEST CHESTER	State OH	Country USA	Citizenship USA
Mailing Address: 8611 BECKETT ROAD, WEST CHESTER, OH 45069			
City WEST CHESTER	State OH	Zip (or Postal Code) 45069	Country USA

<b>NAME OF THIRD INVENTOR:</b>			
Given Name (first and middle [if any]) DANIEL CHARLES		Family Name Or Surname PECK	
Inventor's Signature <i>Daniel Charles Peck</i>		Date 2/18/04	
Residence:   City CINCINNATI	State OH	Country USA	Citizenship USA
Mailing Address: 646 COMPTON RD., CINCINNATI, OH 45231			
City CINCINNATI	State OH	Zip (or Postal Code) 45231	Country USA

<b>NAME OF FOURTH INVENTOR:</b>			
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence:   City	State	Country	Citizenship
Mailing Address:			
City	State	Zip (or Postal Code)	Country

<b>NAME OF FIFTH INVENTOR:</b>			
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence:   City	State	Country	Citizenship
Mailing Address:			
City	State	Zip (or Postal Code)	Country

Page 2 of 2